

UNITED STATES DISTRICT COURT

District of Massachusetts

London Associates LLC

v.

SUMMONS IN A CIVIL ACTION

FairFate Air Safety Systems Corp.
Law Sage Associates, Inc., et al.
Medical, Delta Espe, A. J. Fournier

CASE NUMBER: D-2013-1146

TO: (Name and address of Defendant) ELSON Medical, care of its attorneys
Kenneth A. Swader, Esq.
Laurie Ruskin, Esq.
Swader & Associates, LLC
21 Custom House St., Suite 300
Boston, MA 02102

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

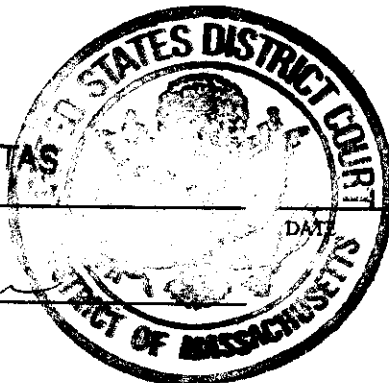
Stacy J. Silveira, Esq.
General Counsel
Braden Associates, LLC
160 Commonwealth Ave.
Boston, MA 02116

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(By) DEPUTY CLERK



SAO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served:		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:		
<input type="checkbox"/> Returned unexecuted:		
<input type="checkbox"/> Other (specify):		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on _____ Date _____ Signature of Server _____		
_____ Address of Server		

01025331



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999
 Suffolk, ss.

October 26, 2004

I hereby certify and return that on 10/22/2004 at 12:05PM I served a true and attested copy of the Summons and Verified Complaint in this action in the following manner: To wit, by delivering in hand to K.Dysar, Recep & agent in charge at time of service, for elCon Medical, at Sweder & Ross, LLC, 21 Custom House Street, Kenneth A. Sweder, Esq Boston, MA 02110. U.S. District Court Fee (\$5.00), Basic Service Fee (IH) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

Deputy Sheriff John Cotter

Deputy Sheriff